



Mental Health and Disability Services Redesign 2011

Commentaries by Children's Disability Workgroup

Source: Children's Disability Workgroup

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In consideration of the Workgroup's report and recommendations and the preliminary work plan for CY2012, the members of the Children's Disability Workgroup offered comments to summarize the product along with broader considerations on system reform:

I'm concerned that to have a truly good system of care we will need multiple funding sources that are new and not tied to core standards. Legislature is tied to having core standards and it might not work for kids as it does in an adult system of care. We are not about just having specific services in order to bring the kids back home.

The real key is the funding for the System of Care, and how it will meet the needs of the children and families. The funding has to be a primary focus.

The disjointed systems between education, Juvenile Justice, mental health, etc. need to be working together across systems. We need to do this with the not-so-obvious partners. We have to do this with the community, not to the community.

This is as thorough a process as it could be in a short period of time. But, there are not enough families around the table.

I am confident in this product. It represents a document to hold decisions to. We will need a commitment from each entity. It is a foundational document that was achieved in a multi-disciplinary way. All of the primary elements are in the document, and we need to push forward.

It is a great start. I am always concerned about families in areas of the state where they do not have anything. It will be important to get their buy-in to make it work. Another concern is that will there be enough buy-in for people to do what is needed to get services they need.

We get lots of kids from southern Iowa (in our program). Parents do not visit, and they cannot bring kids to hospital-based step-down programs. Therefore, kids are in the hospital longer because there are no services in the areas in which they live.

We need to assure that we do a good crosswalk with kids and mental health and intellectual disability. No child should have to be an Exception to Policy in the system. We also need to be assured that there will be capacity in the community to serve these kids; it is not present now.

It is a good start. We got to first base. I hope we get to 'second base' this time with the ideas. I've been involved before in these initiatives.

I like the philosophy. I have problems with Recommendation #4 (RFP). We are not in a position now to make this recommendation a reality. Somebody -- DHS or someone else -- has to put time into the RFP process and the details.

If we missed anything, we will need the opportunity to clarify, communicate, and refine what is needed.

We are charged to design something that does not really exist. We are a little different than the other workgroups. I want to be clear that we have to develop an infrastructure and have the funding to build the infrastructure for coordination and quality to achieve the outcomes we want. The funding is often available at the end but we have to build the components and the infrastructure to that end.

Having an organized infrastructure and evaluating how the system evolves over time will be very important. We will have to focus on early brain development, epigenetics, adverse childhood experiences and transitions.

We have to have innovative funding. This is not just a mental health redesign; we will have to have constant improvement as we move forward with the plan. We will need an infrastructure to keep things growing.

My worry is more along the lines of ~ 'we've been here before.' From a family perspective, the organizing entity is so viable to the system. In the past, there have been turf wars and we do not move beyond that point to system change. There has not been (historically) a clear message from the system to the legislature, and they (legislature) end up doing nothing because we are on different pages.

It is important that if we are going to team with families that we need to bring our resources together as a team—to look at common pieces across systems and professions, and bring them all together without duplication.

First, I believe it was unfortunate that we did not have a youth voice on the workgroup. Having youth in the decision-making process is important. Secondly, I want us to be cautious about combining this with other services. This (children's system) has to be built differently. The structure has to be different than the adult system.